DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Revised product from the Medicare Learning Network® (MLN)

- "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse", Booklet, ICN 907798, downloadable

MLN Matters® Number: MM8575

Related Change Request (CR) #: CR 8575

Related CR Release Date: January 2, 2014

Effective Date: January 1, 2014

Related CR Transmittal #: R2849CP

Implementation Date: January 6, 2014

January 2014 Update of the Ambulatory Surgical Center (ASC) Payment System

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8575 which describes changes to and billing instructions for various payment policies implemented in the January 2014 ASC payment system update. CR8575 also includes updates to the Healthcare Common Procedure Coding System (HCPCS). Make sure your billing staff is aware of these changes.

Background

This article is based on Change Request (CR) 8575 which describes updates to the Healthcare Common Procedure Coding System (HCPCS) and changes to and billing instructions for various payment policies implemented in the January 2014 ACS payment system update.

CR 8575 also includes calendar year (CY) 2014 payment rates for:

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

- Separately payable drugs and biologicals, including descriptors for newly created Level II HCPCS codes for drugs and biologicals (ASC DRUG files), and
- Covered surgical and ancillary services (ASCFS file).

Many ASC payment rates under the ASC payment system are established using payment rate information in the Medicare Physician Fee Schedule (MPFS). The payment files associated with CR 8575 reflect the most recent changes to CY 2014 MPFS payment rates.

New Services

Effective January 1, 2014, the Centers for Medicare & Medicaid Services (CMS) is establishing one new HCPCS surgical procedure code for ASC use, as noted in the following table:

Table 1 – New Procedure Payable under the ASC Payment System Effective January 1, 2014

HCPCS	Short Descriptor	Long Descriptor	ASC Payment Indicator (PI)
C9737	Lap esoph augmentation	Laparoscopy, surgical, esophageal sphincter augmentation with device (eg, magnetic band)	G2

Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2014 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals

For CY 2014, several new HCPCS codes have been created for reporting drugs and biologicals in the ASC setting, as shown in the following table.

Table 2 -– New CY 2014 HCPCS Codes Effective for Certain Drugs, Biologicals, and Radiopharmaceuticals

CY 2014 HCPCS Code	Long Descriptor	ASC PI
A9575	Injection, Gadoterate Meglumine, 0.1 mL	N1
A9586*	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	N1
A9599	Radiopharmaceutical, Diagnostic, For Beta-amyloid Positron Emission Tomography (PET) Imaging, Per Study Dose	N1
C9133	Factor ix (antihemophilic factor, recombinant), Rixubis, per i.u.	K2
C9441	Injection, ferric carboxymaltose, 1 mg	K2
C9497	Lozapine, inhalation powder, 10 mg	K2

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

CY 2014 HCPCS Code	Long Descriptor	ASC PI
J0401	Injection, Aripiprazole, Extended Release, 1 mg	K2
J1446	Injection, TBO-Filgrastim, 5 micrograms	Y5
J1602	Injection, golimumab, 1 mg, for intravenous use	K2
J7508	Tacrolimus, Extended Release, Oral, 0.1 mg	K2
J9371	Injection, Vincristine Sulfate Liposome, 1 mg	K2
Q4137	Amnioexcel or Biodexcel, Per Square Centimeter	N1
Q4138	BioDfence DryFlex, Per Square Centimeter	N1
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	N1
Q4140	Biodfence, Per Square Centimeter	N1
Q4141	Alloskin AC, Per Square Centimeter	N1
Q4142	XCM Biologic Tissue Matrix, Per Square Centimeter	N1
Q4143	Repriza, Per Square Centimeter	N1
Q4145	Epifix, Injectable, 1mg	N1
Q4146	Tensix, Per Square Centimeter	N1
Q4147	Architect Extracellular Matrix, Per Square Centimeter	N1
Q4148	Neox 1k, Per Square Centimeter	N1
Q4149	Excellagen, 0.1 cc	N1

* - A9586 is ASC PI of N1, retroactive to October 1, 2013.

b. Other Changes to HCPCS for Certain Drugs, Biologicals, and Radiopharmaceuticals

Table 3 notes the drugs, biologicals, and radiopharmaceuticals that have undergone changes in their HCPCS codes, their long descriptors, or both. For each product:

- The CY 2013 HCPCS code and long descriptors are noted in the two left-hand columns; and
- The CY 2014 HCPCS code and long descriptors are noted in the adjacent right-hand columns.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

Table 3 -– Other Changes to HCPCS for Certain Drugs, Biologicals, and Radiopharmaceuticals

CY 2013 HCPCS/ CPT code	CY 2013 Long Descriptor	CY 2014 HCPCS/CPT Code	CY 2014 Long Descriptor
C1204	Technetium Tc 99m tilmanocept, diagnostic, up to 0.5 millicuries	A9520	Technetium Tc 99m tilmanocept, diagnostic, up to 0.5 millicuries
J0152	Injection, adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds)	J0151	Injection, Adenosine For Diagnostic Use, 1 mg (not to be used to report any Adenosine Phosphate Compounds, Instead use A9270)
J0718	Injection, certolizumab pegol, 1 mg	J0717	Injection, certolizumab pegol , 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1440	Injection, filgrastim (g-csf), 300 mcg	J1442	Injection, Filgrastim (G-CSF), 1 microgram
J1441	Injection, filgrastim (g-csf), 480 mcg	J1442	Injection, Filgrastim (G-CSF), 1 microgram
C9130	Injection, immune globulin (Bivigam), 500 mg	J1556	Injection, immune globulin (Bivigam), 500 mg
C9294	Injection, taliglucerase alfa, 10 units	J3060	Injection, taliglucerase alfa, 10 units
Q2051*	Injection, Zoledronic Acid, Not Otherwise Specified, 1 mg	J3489	Injection, Zoledronic Acid, 1mg
C9298	Injection, ocriplasmin, 0.125 mg	J7316	Injection, Ocriplasmin, 0.125mg
C9295	Injection, carfilzomib, 1 mg	J9047	Injection, carfilzomib, 1 mg
C9297	Injection, omacetaxine mepesuccinate, 0.1 mg	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
C9292	Injection, pertuzumab, 10 mg	J9306	Injection, pertuzumab, 1 mg
C9131	Injection, ado-trastuzumab emtansine, 1 mg	J9354	Injection, ado-trastuzumab emtansine, 1 mg
C9296	Injection, ziv-aflibercept, 1 mg	J9400	Injection, Ziv-Aflibercept, 1 mg
Q0171	Chlorpromazine hydrochloride, 10 mg, oral, fda approved prescription	Q0161	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

CY 2013 HCPCS/ CPT code	CY 2013 Long Descriptor	CY 2014 HCPCS/CPT Code	CY 2014 Long Descriptor
Q0172	Chlorpromazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotheapy treatment, not to exceed a 48-hour dosage regimen	Q0161	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q2027	Injection, Sculptra, 0.1 ml	Q2028	Injection, Sculptra, 0.5 mg
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use	Q3027	Injection, Interferon Beta-1a, 1 mcg For Intramuscular Use

Updated Payment Rates for Certain HCPCS Codes Effective October 1, 2013 through December 31, 2013

The payment rate for one HCPCS code was incorrect in the October 2013 ASC Drug file, and the corrected payment rate is listed in Table 4 below. It has been included in the revised October 2013 ASC Drug file, (effective for claims with dates of service October 1, 2013 through December 31, 2013) and processed prior to the implementation of the January 2014 ASC quarterly update.

Suppliers who think they may have received an incorrect payment for dates of service October 1, 2013 through December 31, 2013, may request their MAC to adjust previously processed claims.

Table 4 – Updated payment Rates for Certain HCPCS Codes

Effective October 1, 2013 through December 31, 2013

HCPCS Code	Short Descriptor	Corrected Payment Rate
C1204	Tc 99m tilmanocept	$223.15

Skin Substitute Procedures

Effective January 1, 2014, the payment for skin substitute products that do not qualify for Outpatient Payment Prospective System (OPPS) pass-through status will be packaged into the OPPS payment for the associated skin substitute application procedure. This policy is also being implemented in the ASC payment system effective January 1, 2014. Skin substitute products are divided into two groups:

1) High cost skin substitute products, and

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

2) Low cost skin substitute products for packaging purposes.

Table 5 lists skin substitute products and their assignment as either a high cost or a low cost skin substitute product, when applicable. Note that beginning January 1, 2014, ASCs should not separately bill for packaged skin substitutes (ASC PI=N1).

Table 5 – Skin Substitute Product Assignment to High Cost/Low Cost Status for CY 2014

CY 2014 HCPCS Code	CY 2014 Short Descriptor	ASC PI	Low/High Cost Skin Substitute
C9358	SurgiMend, fetal	N1	Low
C9360	SurgiMend, neonatal	N1	Low
C9363	Integra Meshed Bil Wound Mat	N1	Low
Q4100	Skin substitute, NOS	N1	Low
Q4101	Apligraf	N1	High
Q4102	Oasis wound matrix	N1	Low
Q4103	Oasis burn matrix	N1	Low
Q4104	Integra BMWD	N1	Low
Q4105	Integra DRT	N1	Low
Q4106	Dermagraft	N1	High
Q4107	Graftjacket	N1	High
Q4108	Integra matrix	N1	Low
Q4110	Primatrix	N1	High
Q4111	Gammagraft	N1	Low
Q4115	Alloskin	N1	Low
Q4116	Alloderm	N1	High
Q4117	Hyalomatrix	N1	Low
Q4119	Matristem wound matrix	N1	Low
Q4120	Matristem burn matrix	N1	Low
Q4121	Theraskin	N1	Low
Q4122	Dermacell	K2	n/a

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

CY 2014 HCPCS Code	CY 2014 Short Descriptor	ASC PI	Low/High Cost Skin Substitute
Q4123	Alloskin	N1	Low
Q4124	Oasis tri-layer wound matrix	N1	Low
Q4125	Arthroflex	N1	High
Q4126	Memoderm/derma/tranz/integup	N1	High
Q4127	Talymed	K2	n/a
Q4128	Flexhd/Allopatchhd/matrixhd	N1	Low
Q4129	Unite biomatrix	N1	Low
Q4131	Epifix	K2	n/a
Q4132	Grafix core	K2	n/a
Q4133	Grafix prime	K2	n/a
Q4134	hMatrix	N1	High
Q4135	Mediskin	N1	Low
Q4136	EZderm	N1	Low
Q4137	Amnioexcel or biodexcel, 1cm	N1	Low
Q4138	BioDfence DryFlex, 1cm	N1	Low
Q4140	Biodfence 1cm	N1	Low
Q4141	Alloskin ac, 1 cm	N1	Low
Q4142	Xcm biologic tiss matrix 1cm	N1	Low
Q4143	Repriza, 1cm	N1	Low
Q4146	Tensix, 1cm	N1	Low
Q4147	Architect ecm, 1cm	N1	Low
Q4148	Neox 1k, 1cm	N1	Low

High cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by Current Procedural Terminology (CPT) codes 15271-15278.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

Low cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS code C5271-C5278.

All OPPS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT code 15271-15278.

Coverage Determinations

Assignment of a HCPCS code and a payment rate under the ASC payment system to a drug, device, procedure, or service does not imply coverage by the Medicare program. The assignment indicates how the product, procedure, or service may be paid if covered by the program. Your MAC will determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat a beneficiary's condition and it is excluded from payment.

Additional Information

The official instruction, CR 8575, issued to your MAC regarding this change is available at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2849CP.pdf on the CMS website.

If you have any questions, please contact your MAC at their toll-free number, which is available at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

News Flash - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information, visit:

- MLN Matters® Article #MM8433, "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season"
- MLN Matters® Article #SE1336, "2013-2014 Influenza (Flu) Resources for Health Care Professionals"
- HealthMap Vaccine Finder - a free, online service where users can search for locations offering flu and other adult vaccines. While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community.

The CDC website for Free Resources, including prescription-style tear-pads that allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.